SAINT IVES TOWN COUNCIL



APPLICATION FOR FINANCIAL ASSISTANCE

COMMUNITY GRANTS OVER £1000

Please answer all questions which are relevant to your organisation – failure to do so may result in a delay in the determination of your application

PRC	OJECT: (In no more than 25 words)		
A B 4	OUNT DEOUECTED.		
AIVI	OUNT REQUESTED:		
Cont	act Details		
i			
Q1	Name of organisation making applic	cation:	
	Name of contact for this application	ո:	
	(title, first name and surname)		
	Position held in organisation:		
	Contact Address:		
	Telephone:	Emai	l:
4bou	ut your organisation		
Q2	What type of organisation are you	2 (tick	(✓) relevant category)
QΖ	What type of organisation are you? (tick (✓) relevant category)		
	Registered Charity:		Charity Registration Number:
	Voluntary Organisation:		
	Company Limited by Guarantee:		Company Number:
	Other – Please specify:		

Q3	Briefly describe your organisation. Describe your organisation, including how many members/users you have, whether there is a			
	subscription fee and the usual ac		•	icic is a
	If you are a new organisation, de	escribe the services	/activities you plan to provide.	
Q4	If you are a branch of a larger or	rganisation, please	state which one:	
•				
05	Does your organisation have ar	y of the follow?	lease state which one and provide	2 CODV
Q5	with your application	ly of the follow: T	lease state which one and provide	а сору
	Occupie di co			1
	Constitution		Memorandum of Association?	
	Terms of Reference		Governing Document	
Q6	What is your primary source of f	unding?		
Deta	ils of the project or activit	y you are planı	ning	
	1			
Q7	Describe the projects/activity	y you plan to use	this grant for	
	i) Try to be specific about what y	ou will do and how	you will do it.	
	ii) Plaasa stata haw you haya ida	antified this peed as	nd how the project will benefit the	noonlo
	I		f you are seeking continuation fund	-
	this project, please provide evide	ence for this contin	ued need.	
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	iii) How activity?	many people from St Ives do you expect to benefit directly from	your project or
Q8		riteria will be used to measure the success of the project of the	and how many
Healt	:h & Saf	ety	
Q9		any, special safety issues are related to your project/activity? rovide the following information:	
	i) What	kind of insurance does your organisation have?	
	ii) Do th	e leaders have the relevant qualifications and/or experience?	
		policies does your organisation have in place (i.e. Health and Safety on/Safeguarding, Working with vulnerable adults, Equal Opportuniti	
	may be i	required to submit copies of your policies	
Fund	ing of y	our project	
Q10	Previou	us Applications	
`	If you have applied for and received funding from St Ives Town Council in the past please provide details of the amount, the year and briefly what the funding was used for.		
	Year	Project Description	Amount given

Q11	Project Funding	
Q11	Please provide details of the amount of funding you need for your project breakdown of what the money is for (please enclose any relevant estimat	
	Tell us the amount of grant requested £ and provide a det as to how you have reached this figure	ailed breakdown
	Project Expenditure Please list all items of expenditure for your project	Amount of Project
		£
		£
		£
		£
		£
	Total	£
	Project Income Please list how the project shall be funded	
		£
		£
		£
		£
		£
	What is the difference? This should be the same as the amount of Grant you are applying for	£
Q12	Covering a Shortfall If the Town Council makes an offer less than the amount requested, how the Project and how will you cover the shortfall?	will that impact on
Q13	Sustainability What plans do you have in place to ensure that your organisation become sustainable and less reliant on grant funding, particularly from the Town (

Your Accounts Q14 Please provide the following details from your most recent annual accounts **Total Income** £ £ **Less Total Expenditure** Surplus / Loss £ £ Savings (Reserves, Cash, Investments) Please provide a copy of your most recent annual accounts or, in the case of newly established organisations, the projected income and expenditure for the next twelve months. **Account Details** Please give us your bank or building society account details Q15 You can only apply for grant if you have a bank/building society account in the name of your organisation. We will only pay grants into an account which requires at least two people to sign each cheque or withdrawal. These people should not be related. Account name: Bank/Building Society name: Bank/Building Society address: Who are the signatories and what position do they hold in your organisation? Positon Name

y O	y Other Information	
16	Any other information which you consider to be relevant to your application.	

Declarations

Q17 Declaration

Please give details of a senior member of your organisation. For example, this may be your Chairperson, Treasurer or Secretary. They must read the application and sign below. (This must not be the main contact name in Q1).		
I confirm, on behalf of(insert name of organisation):		
That I am authorised to sign this declaration on its behalf, and that, to the best of my knowledge and belief, all replies are true and accurate.		
I confirm that I have read the Terms and Conditions set out in the Notes which accompanied this application and further confirm that this application is made on the basis that if successful, the organisation will be bound to use the grant only for the purpose specified in this application, and will have to comply with those Terms and Conditions and any others which the Council might attach to the Grant.		
Post held in organisation:		
Title First Name: Surname:		
Organisation address:		
Postcode:		
Telephone:		
Signed: Date:		
Q18 Signature of Person Completing the Application		
This must be the signature of the person named in Q1 as the main contact and not be the same person who has signed in Q17		
I confirm that, to the best of my knowledge and belief, all the information in this application from is true and correct. I understand that you may ask for additional information at any stage of the application process.		
Signed: Date:		
Checklist		
1. Have you answered every question?		
2. Have all signatures been completed?		
3. Have you included a copy of your governing document?		
4. Have you included copies of your latest meeting and AGM minutes?		
5. Have you included a copy of your most recent accounts?		
6. Have you included a copy of your most recent bank statement?		
7. Please state any supporting documents you are submitting:		